

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jul 25, 2008  
Secretary of State**

DOCUMENT# L04000071319

Entity Name: KUNDE'S KOVE LLC

**Current Principal Place of Business:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**New Principal Place of Business:**

**Current Mailing Address:**

8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**New Mailing Address:**

FEI Number: 20-1692501      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

KUNDE, CLIFFORD A MR.  
8265 SW 117TH TERRACE  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KUNDE, CLIFFORD A MR.  
Address: 8265 SW 117TH TERRACE  
City-St-Zip: MIAMI, FL 33156

Title: SEC ( ) Delete  
Name: KUNDE, JANET B MRS.  
Address: 8265 SW 117 TERRACE  
City-St-Zip: MIAMI, FL 33156 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CLIFFORD A. KUNDE

MGR

07/25/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date